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John Paul Murray Jr.

AIDS AND THE POLICE

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Master of Science

California State University, Sacramento

Abstract

of

AIDS AND THE POLICE

by

John Paul Murray Jr.

Statement of Problem

The Acquired Immune Deficiency Syndrome (AIDS) has been called the most serious health crisis in the United States. The police officer faces this threat every time an IV drug abuser is arrested, or a bleeding accident victim is given first aid. There is a critical need to examine how police departments are addressing the issue and, in particular, how they are reacting to the disease.

Sources of Data

This thesis is based on published books and articles gathered from public and university libraries. Also used was information collected from state legislative offices, the Red Cross, and local police agencies.

Conclusions Reached

It is the conclusion of this paper that the AIDS threat has adversely affected the police. There are several reasons for this: (1) police officers regard AIDS as a threat in their work place; (2) police leadership, in many cases, has failed to adequately prepare police officers to deal with the AIDS threat; and (3) police response to AIDS-related incidents often falls short of providing adequate care to suspected AIDS carriers. While many police departments are now developing more appropriate responses to AIDS, there are still those agencies where lack of preparedness is jeopardizing both the safety of officers and the public which they serve.

Committee Chair's Signature of Approval 

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AIDS AND THE POLICE

John Paul Murray Jr.
B.S., University of Maryland, College Park, 1977

THESIS

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SCIENCE

in

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Summer
1990

AIDS AND THE POLICE

A THESIS

by

John Paul Murray Jr.

Approved by:

Thomas R. Phelps, Chair

Miki Vohryzek-Bolden, Second Reader

Date: 18 July 1990

Name of Student John Paul Murray Jr.

I certify that this student has met the requirements for format contained in the Manual of Instructions for the Preparation and Submission of the Master's Thesis or Master's Project, and that this thesis or project is suitable for shelving in the Library and credit is to be awarded for the thesis or project.

Thomas R Phelps
Signature (Graduate Coordinator or Department Chair)

18 July 1990
Date

Department of Criminal Justice

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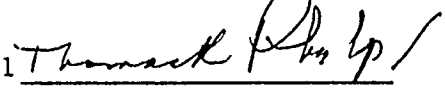
Committee Chair's Signature of Approval 

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TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

Statement of the Problem

Police officers across the country are encountering the Acquired Immune Deficiency Syndrome (AIDS) in the course of their duties. These officers, and their departmental leaders, have often reacted in an unprofessional manner when dealing with suspected AIDS carriers. The original basis for this reaction was the nature of the disease itself; therefore, a discussion of its origin and transmission paths will first be presented.

AIDS is caused by a virus known as Human Immunodeficiency Virus (HIV). It infects and destroys certain white blood cells, thereby undermining the body's ability to combat infection. One can be infected with HIV for years without ever developing symptoms of AIDS. However, infected persons can transmit the virus even though they may not have symptoms. The National Academy of Science estimates that 25 to 50 percent of seropositive individuals (e.g., infected with the virus) will develop AIDS within 5 to 10 years of infection. AIDS, however, is not a single disease. To be diagnosed with AIDS, a patient must have one or more opportunistic infections. These infections include a particular type of pneumonia, malignancies, and a type of skin cancer. Persons who die

from AIDS die from such opportunistic diseases, not from AIDS itself.[1] This explains the basic nature of AIDS, but how prevalent is it?

The Centers for Disease Control (CDC) predicts that there will have been 270,000 AIDS cases diagnosed in the United States by the end of 1991. According to CDC figures through May 1987, there have been over 35,000 adult cases of AIDS in the United States. Thus far, over 20,000 persons have died of AIDS in this country.[2] Over one-half (52%) of the total cases have been in New York and California. Today, AIDS is almost always fatal. There have been no reports of prolonged remission of the disease; most patients die within two years of being diagnosed with end-state AIDS and very few live more than three years.[3] As one can easily see, the disease is deadly, but how is it transmitted?

Past hysteria would have one believe that it could happen by drinking from a water fountain or shaking hands with an infected person. The truth about exposure and infection is far removed from this early attempt to sensationalize the issue and create panic among the ill-informed. The National Institute of Justice (NIJ) reports "The AIDS virus is difficult to transmit and quite fragile when outside the body."[4] The AIDS virus is not transmitted through casual contact as was first thought to be the case. The primary sources of transmission are through semen,

contaminated blood, and vaginal secretions. This occurs most frequently during sexual intercourse and needle sharing by intravenous (IV) drug abusers. Additionally, the CDC reported that universal precautions apply to the following fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, and amniotic fluid.[5] However, some jurisdictions have not accepted this medical finding. For example, California still recognizes saliva as a transfer agent for the HIV.[6]

The CDC has also compiled statistics on the distribution of AIDS cases by transmission category.[7] In 1988, 63% of AIDS cases came from the homosexual/bisexual group; 20% were from IV drug abusers; 7% were homosexual and IV drug abusers; and the remaining 10% are a mix of hemophiliacs, heterosexuals, transfusions and others. Compared to figures from 1987, the homosexual numbers have decreased by 7% and the IV drug abuser category has increased by 6%. This reversal of figures could represent any number of changing variables, but it most likely reflects the fact that homosexuals and bisexuals are more responsive than IV drug abusers to AIDS educational efforts. These figures will become more significant when police exposure is discussed.

Purpose

The purpose of this study is to determine the effect that police leadership has had on preparing police officers

to deal with suspected AIDS carriers. In order to do that, it will be necessary to examine several variables that have influenced the decision process of these leaders. These variables include influencing actions from the following: judicial rulings; correctional settings; special interest group activity; legislative actions; and the ever present specter of individual prejudices.

Need for Study

Police preparation for handling the AIDS threat has received national attention. The NIJ has stated that AIDS poses a range of complicated and potentially serious problems for law enforcement agencies. Acknowledging these problems, the NIJ proposes that timely and rational policy choices, regular staff training keyed to specific law enforcement concerns, and careful consideration of possible legal liabilities can go far toward minimizing the effects of these problems on the delivery of police services to the public.[8] Police officers are facing a growing population of AIDS carriers and most of those carriers are asserting their rights to unbiased treatment by the criminal justice system. In order to meet these needs, officers must be given information that is current and addresses their concerns about bites, spitting incidents, needle-sticks and other acts that they believe could put them in danger.[9] This thesis, then, will limit itself to a study of those variables that are affecting police reaction to the AIDS

threat. By doing this, one will be in a better position to evaluate police leadership's response to these variables. Consequently, this evaluation constitutes the "need" of this study, for leadership initiative and police reaction to it form the crux of the problem and must be studied if one is to develop effective solutions.

Hypothesis

Inadequate preparation of police officers has resulted in unprofessional police responses to AIDS-related incidents. Inadequate preparation is the failure of police leadership to properly train, equip and guide police officers. Unprofessional police response is defined as any deviation from standard procedure simply due to the suspected presence of the AIDS virus.

Definitions

To ensure a clear understanding of this thesis, terms used throughout this study are here defined.[10]

Exposure

Exposure means that the person has had high-risk contact with someone infected with the AIDS virus, which may have resulted in his or her own infection. The ratio of exposure to actual infection is not known. However, research with homosexuals and IV drug abusers indicates that those who engage in high-risk activities frequently and with multiple partners are most likely to become infected. Tests are usually done in a series, consisting

of an "ELISA test," which is repeated if positive, and a confirmatory "Western Blot Test."

Human Immunodeficiency Virus (HIV)

A human retrovirus that infects certain white blood cells, rendering them incapable of combating infections.

Infection

An individual is infected with the HIV. Infection is assumed to be permanent.

Seropositivity

The term "seropositivity" refers to a positive result, indicating a person's infection with the virus. All of the standard tests detect antibodies to the virus in the blood of those infected, not the virus itself. Thus an infected individual is accurately referred to as "HIV antibody-positive" or, alternatively, seropositive. Moreover, since seropositivity refers to infection, the progression from exposure to infection is known as "seroconversion." Seropositivity does not imply current or active illness, but it is generally agreed that it does indicate the ability to transmit the virus to others.

Acquired Immune Deficiency Syndrome (AIDS)

Illness characterized by one or more "indicator diseases" listed by the Centers for Disease Control (CDC), such as skin cancer or thrush.

AIDS-Related Condition (ARC)

Presence of a combination of conditions together

giving evidence of symptomatic infection with HIV. Characterized by weight loss, swollen lymph glands, continuous or intermittent diarrhea and fever, severe fatigue and tests indicating immune suppression.

Methodology

> AIDS is not now, nor was it ever a homosexual disease. AIDS is spreading rapidly through the heterosexual population...the people being hardest hit are found in inner-cities, including Blacks, Hispanics, and other ethnic groups. Those most vulnerable often find themselves beyond the reach of the only effective weapon against AIDS--accurate information.[11]

These comments, by Richard Willowby of the Salvation Army, clearly demonstrates that lack of information can create distorted perceptions of an issue. AIDS has been no exception. No single tragedy faced by the American public has produced more sensationalized press in such a short time. Discovered by the medical community in the early 1980's, AIDS quickly became a household word, albeit much of the information was exaggerated and false. Initial efforts to control the disease included some thoughts on mandatory testing. While this has never materialized for the masses, the U.S. Armed Forces and Foreign Service employees are routinely tested for the HIV.[12] The issue, of course, becomes how does one study a problem that is relatively new, has produced a barrage of conflicting information and is still creating a furor among the general public.

The answer lies in a thorough review of the literature

to produce a valid, comprehensive, and enlightening discussion. This literature did not include any scientific experiments with random selection of treatment and control groups; however, the results of a few survey-type studies and general descriptive discourses were available. The focus here, then, will be to draw from this material a base of information that will allow a channeling of ideas along key areas of interest. Since attitudes and prejudices occupy a large role in how people view the AIDS problem, elements of the study will address that issue.

In fact, the AIDS disease is wrapped in a virtually unprecedented cloak of human emotions. Why do death investigators, law enforcement officers, and others who must deal with those infected react so emotionally to the mere mention of AIDS? Many would say that it is because people perceive AIDS patients with their attitudes and prejudices as well as with their eyes.[13] This reaction, no doubt, has clouded the literature on AIDS outside the medical community. It becomes especially relevant in this discussion since the fear of AIDS plays such a large role in the police officer's response to suspected HIV carriers. Current as this material is, AIDS continues to set a rapid pace as it routinely confuses the world's finest medical research teams.

With that in mind this paper will structure the information gathered to address three basic research

questions. First, is AIDS a threat to the police in their working environment? Second, has police leadership reacted to the AIDS issue in a timely manner and properly prepared police officers to deal with the threat? Finally, do nonstandardized police responses to AIDS-related incidents constitute a serious breach of professional conduct? The information gathered will focus attention on these three questions with the overall concept being the effect that AIDS has on the police.

The first question will invoke discussion that reflects both individual attitudes and prejudices of officers toward the disease. This discussion will attempt to distinguish between realistic views held by the officers and those that are based more on paranoia. Addressing this issue is especially difficult due to the fact that some officers are reluctant to reveal their true feelings on such an emotional issue. The literature will most likely reveal information that supports the assumption that AIDS is a threat to the police; however, determining the true origins of these feelings will be the focus of the search.

The second question gets at the heart of the leadership/managerial issue. The search for an answer to this question will involve discussions on the following areas: (1) sources of standardized guidance available to police leadership; (2) willingness to use that guidance to develop both initial and in-service training curriculum;

(3) status of policy guidance for both administrative and operational issues; and (4) development of standardized equipment items. The assumption, of course, is that the information search will reveal sufficient material that has been made available to police leadership. While it is a fact that no random scientific experiments on AIDS and the police have been conducted, this issue is critical to the behavior of police and must be explored.

The final question will involve research into the area most familiar to the average observer of police and citizen interaction. That is, of course, how the police are reacting to suspected AIDS carriers. Research in this area will lead into a discussion of both the internal and external factors that affect how an officer responds to an AIDS-related incident. This material will range from internal prejudices of the individual officer to external forces such as a legislatively mandated requirement to give CPR to an injured AIDS carrier. While these two influences may normally not be visible to the casual observer, they quickly become apparent when AIDS is a factor. Consequently, the discussion will attempt to identify the most influential factors so that conclusions drawn might help identify possible solutions. Generating a thorough discussion of this question is critical since police response gets at the very heart of the problem.

The answers to these three questions may reveal that

the attitude and behavior exhibited by policemen only reflect those same attitudes and discriminatory practices that exist within society as a whole. If that be the case, then this microcosm is simply playing its role in the evolution of the AIDS epidemic. However, if one accepts the premise that police officers have a duty to treat all law-abiding citizens in the same impartial manner, then mistreatment of suspected AIDS carriers is unacceptable.

The research material examined and used in the writing of this paper clearly illustrates the fragmentation that exists within the criminal justice community. Is AIDS a nightmare for the police? Thomas O. Marsh, in his article "A Return to Reason", says "no, not yet--and probably never, at least if the problem is met head-on with understanding and reason."[14] This paper will show how the police are meeting that challenge.

Organization of Remainder of Study

Now that an introduction to the overall topic has been completed, it is appropriate to give a synopsis of the literary review and analysis chapters. The literary review looks at six major areas that impact the "AIDS and the Police" issue. Those areas are: (1) police exposure and response; (2) judicial response; (3) impact on corrections; (4) influence of special interest groups; (5) legislative actions; and (6) police leadership issues. By reviewing these six areas, one will be able to clearly

see why the AIDS issue has caused such concern for police departments throughout the nation. Following this discussion, an analysis will be conducted to answer the three research questions on perceived threat, police officer preparation, and police response. All of the material presented will be brought together in this chapter in order to provide the reader with a more focused view on the problem of police and AIDS. A strategic management model will then be presented to illustrate how a police agency can address the problems raised by these research questions and more effectively deal with the AIDS threat. In sum, the analysis will both clarify the problem and offer a course to solve it.

Notes

[1]U.S. Department of Justice, National Institute of Justice, AIDS and the Law Enforcement Officer, Research in Action, [by Theodore M. Hammett] (Washington: GPO, November/ December 1987), 1.

[2]U.S. Department of Justice, National Institute of Justice, AIDS and the Law Enforcement Officer: Concerns and Policy Responses, Issues and Practices, [by Theodore M. Hammett] (Washington: GPO, June 1987), 5-6.

[3]Hammett, AIDS and Concerns, 1.

[4]Hammett, AIDS, 2.

[5]Thelma Frazier, Letter to Michael Milman, 10 February 1989, California Department of Health Services, Office of AIDS.

[6]Frazier.

[7]U.S. Department of Health and Human Services, Centers for Disease Control, AIDS and Human Immunodeficiency Virus Infection in the United States: 1988 Update, Morbidity and Mortality Weekly Report, (Washington: GPO, 12 May 1989), 17.

[8]Hammett, AIDS, 6.

[9]Ann Eichelberger and Mark Blumberg, "The Impact of HIV on Criminal Justice Agencies," AIDS: The Impact on the Criminal Justice System, ed. Mark Blumberg (Columbus: Merrill, 1990), 36.

[10]Dana Eser Hunt, Saira Moini and Susan McWhan, "The Causes of AIDS and Its Transmission," AIDS: The Impact on the Criminal Justice System, ed. Mark Blumberg (Columbus: Merrill, 1990), 14-18.

[11]Richard Willowby, "AIDS: Stemming the Tide," The War Cry 109, no. 7 (1989): 4.

[12]Paul Reidinger, "A Question of Balance: Policing the AIDS Epidemic," American Bar Association Journal 73 (June 1987): 68-74.

[13]Thomas O. Marsh, "AIDS: A Police Nightmare?," Law and Order 35, no. 8 (1987): 78-80.

[14]Thomas O. Marsh, "AIDS: A Police Nightmare? - Part Six: A Return to Reason," Law and Order 36 no. 1 (1988): 185-7.

CHAPTER 2

Literature Review

Introduction

Six major areas will be reviewed in this chapter. They include police exposure and response to AIDS; judicial response to AIDS; impact of AIDS on corrections; influence of special interest groups; legislative action on AIDS; and police leadership's response to AIDS. The type of information discovered in the literary search has been descriptive in nature, excepting that authored by the medical community which has mostly been empirical. Additionally, it is important to note in the beginning that no specific order materialized in which the six categories should be presented. Rather, activity on AIDS within the six areas seemed to slowly materialize as the lethality of the disease began to project itself out of the medical community and onto the public's consciousness. Aided by the mass media, this transition forced the criminal justice system and others to seriously consider the threat and react with some type of position. Unfortunately, much of the response has been piecemeal and could best be described as a knee-jerk reaction to a very serious problem. This review will cover the six areas by showing how they interact and affect each other as they attempt to deal with the AIDS problem.

Police Exposure and Response to AIDS

Casual Contact?

Attitudes of police officers can best be defined in the way they see the AIDS threat affecting them and, subsequently, how they react to its suspected presence. Thomas O. Marsh, in his article "AIDS: A Police Nightmare?" wrote about the way that some officers view casual contact with AIDS victims.[1] Marsh found that many officers would agree that their contact with AIDS carriers should be described as anything but casual. This finding is best illustrated by the following case study:

> This incident occurred June 14, 1987, in Cincinnati, Ohio. A man there slashed his throat with a straight razor in a suicide attempt. The cut was deep enough to nic a carotid artery and blood was spraying everywhere. To make matters worse, when the officers and the emergency medical personnel arrived, he fought their rescue attempts and had to be wrestled to the ground. All the time he was coughing, spitting and splashing blood. It was hardly a casual contact.[2]

Marsh later writes in his six-part study about the AIDS exposure to police from intravenous (IV) drug abusers and prostitutes.[3] He described a case where an officer was pricked by a hypodermic needle during the search of a suspected heroin dealer. While the suspect may not have been a known HIV carrier, this exposure to a member of a high-risk group forced the officer to undergo months of testing.

Theodore M. Hammett, in his article "Aids and the Law

Enforcement Officer," reported his findings on police and the exposure risks from AIDS.[4] He relates that the HIV is not transmitted through casual contact. Law enforcement officers expressed anxiety about a range of assaultive and disruptive behavior--particularly biting, spitting, and throwing of urine or feces. The fact is that one cannot be infected through biting unless the person who bites has blood in his mouth and that blood comes into contact with the victim's blood. The AIDS virus has been isolated in only very small concentrations in saliva and urine and not at all in feces. There are no known cases associated with transmissions through saliva or urine. Despite all the evidence that the AIDS virus is not transmitted through casual contact, fully two-thirds of the law enforcement agencies surveyed report that staff expressed concern about becoming infected through casual contact in the performance of their duties.

Hammett goes on to report in an article entitled "AIDS and the Law Enforcement Officer: Concerns and Policy Responses," how AIDS is affecting the police.[5] He reports that except for a very small number of cases in healthcare workers attributed to accidental needlesticks, there continues to be no reports of HIV infection as a result of any occupational contact. No evidence exists of AIDS transmissions in schools, offices, churches or other social settings, nor are there any documented cases of police

officers, paramedics, or firefighters contracting HIV infection or AIDS in the performance of duty.

Hammett discovered in one study of police departments some interesting attitudes toward AIDS. Apparently, the level of concern among departments tended to be highest among the smallest departments and those serving jurisdictions with few AIDS cases. This indicated to Hammett that concern--and especially misinformed fear--about AIDS is inversely related to actual experience with the disease. Knowledge and experience tend to calm unrealistic fears about AIDS. However, patrol officers--those most likely to have the most direct contact with the public--in almost all (94 percent) of the departments were reported to be concerned.[6]

Hammett went on to say that officers may be concerned about exposure to saliva through administration of CPR and exposure to blood through provision of first aid to persons with bleeding injuries. Despite all evidence to the contrary, fully two-thirds of the law enforcement agencies surveyed by Hammett reported that officers had expressed concern about contracting HIV infection through casual contact.[7] Issues included possible transmission of HIV during transportation, in court, or in other settings through forms of casual contact such as having an infected person breathe on you, brush against you, shake hands with you, or share workspace with you.

The International Association of Chiefs of Police (IACP), writing for the Criminal Justice Newsletter, reported on high-risk exposure to AIDS by police officers.[8] High-risk exposures were defined to include unprotected contact with bloody or wet items in areas of the officer's body where he has a scratch, cut or open sore. Direct mouth-to-mouth resuscitation, and the receiving of any cut or puncture wound as a result of searching or arresting a suspect also are defined as high-risk exposures. This study of police policies across the nation revealed that exposure to AIDS was of vital concern to police officers and merited the attention of police leadership.

The American Red Cross and the California Firefighters Foundation, in their pamphlet Public Safety Workers and AIDS, reported that HIV is not transmitted casually, and that the virus' spread is confined to certain clearly identifiable risk behaviors.[9] The pamphlet contains general guidelines for protecting oneself from the AIDS virus and cautions public safety workers to be concerned about the disease. However, it goes on to say that exposure does not automatically lead to infection. In fact, no emergency worker has been reported to the Centers for Disease Control (CDC) as contracting HIV clearly as a result of job-related activity. While this study provided an objective look at the problem of exposure to AIDS, it also contained excellent guidance for police leadership to

use in educating their officers.

Daniel B. Kennedy, Robert J. Homant and George L. Emery also provided some insight on exposure in their article "AIDS and the Crime Scene Investigator."[10] They reported in their study that fear of AIDS can be a major disruptive influence in the lives of many people, particularly if their work involves even casual contact with an AIDS victim. Such contacts are almost certain for those persons in law enforcement who must interact with intravenous drug abusers, prostitutes, and other at high risk of the disease. There are scenes involving a death investigation where the cause of death may be attributed to an accident or to a disease process, such as an aneurysm, where substantial quantities of blood or body fluids may be present. Frequently at scenes of violent crime, including suicide, where physical force was used to inflict injury, there are large amounts of blood, body fluids, and tissue within the general area of the body. Unlike doctors, nurses, and health workers, who most often work in a controlled environment, the crime scene investigator may be confronted with less manageable conditions.

These investigators are simply experiencing the fears that many policemen feel. Ann Eichelberger and Mark Blumberg report on this fear in their article entitled "The Impact of HIV on Criminal Justice Agencies."[11] This study made the point that most of the fears that agency personnel

have are unrealistic. The best evidence in support of this view is the fact that at least a decade after appearance of the AIDS virus in the U.S., not a single case has been reported in which a police officer, prison guard, or any other worker in the field of criminal justice has become infected with HIV as a result of duties performed as part of their job. The only serious danger to persons working in the criminal system comes from needles that may be contaminated with the blood of HIV-infected individuals. Agency personnel may be placed at risk through either an accidental needle-stick that occurs in the course of conducting a search, or as a result of an assault perpetrated by a seropositive assailant who seeks to harm the officer with a dirty needle. Fortunately, even under those circumstances, the risk of infection is minimal.

Police Hysteria

If the threat to police officers from AIDS is minimal, why have many officers reacted in such an emotional way to the disease? Is it simply the nature of the disease that invites hysteria as a response? Randy Shilts, in And the Band Played On, demonstrated how irresponsible statements by the medical community, coupled with sensationalized news reporting, created a sense of panic among law enforcement agencies.[12] Shilts' comments followed the publication of an article on AIDS transmission modes that ran in the Journal of the American Medical Association.[13] In this

article, Anthony S. Fauci implied that AIDS could be transmitted through routine close contact, such as within a family household. This revelation from the medical community had San Francisco Police Officers clamoring for personal protection items. Within days of the article, face masks, rubber gloves, and ten-minute education tapes on AIDS were being passed out in every firehouse and police station in the city. The photo of an officer trying on one of the resuscitation masks started cropping up on dailies and news magazines across the country in the fearful weeks that followed, a virtual emblem of the AIDS hysteria that enveloped the nation because of the medical report.[14]

Though the protective gear appeared to be a reasonable precaution, Shilts' point was that the knee-jerk reaction took on the appearance of a panic-stricken response that inflamed public opinion against AIDS carriers.

Marsh, in his study on AIDS and the police, also provided a fearful look at the disease and its ominous potential.[15] These findings contradict the research by Hammett, who maintained that the only occupationally related transmission of AIDS had come from accidental needlesticks. Marsh referred to a report on three healthcare workers who became infected with AIDS a year after their skin was splashed with the blood of AIDS patients. Other health care workers had previously been infected on the job with AIDS but all of them had

accidentally been stuck with infected needles. What made these cases so ominous was their similarity to what occurs not uncommonly in basic policing. In one case, an emergency room nurse, whose hands were chapped, applied pressure with an ungloved finger to stop the bleeding of a cardiac patient. In another incident, a health clinic worker with acne was splattered in the face with infected blood. The third case was that of a lab technician who spilled blood on her hands and forearms and, then it is theorized, touched the inflamed skin on one of her ears. These histories are not much different than ones occurring daily at the scenes of auto accidents, cuttings, shootings and many other police emergencies. And, of course, AIDS carriers are sometimes involved.

The police also face these same threats; however, they may react differently due to lack of training. For example, Marianne Takas and Hammett clearly show in their article "Legal Issues Affect Offenders and Staff" how police can overreact to AIDS.[16] They found that despite the extremely low risk of HIV infection associated with criminal justice duties, a number of agencies have faced potential work disruptions as staff members have refused to conduct searches, transport prisoners, or handle evidence out of fear of contracting AIDS. Shilts chronicled this irrational fear in And The Band Played On.[17] A thirty-one-year-old drug addict had been toting sheets and changing

beds at Bellevue Hospital. When police officers delivered him to court for an arraignment, they wore rubber gloves and surgical masks. A day after that, sheriff's deputies showed up at suburban Westchester County Jail in protective suits and surgical masks. The county jail did have one AIDS sufferer, but he was housed a quarter mile away from the main prison building where the guards wore padded nylon coveralls with hoods. This type of behavior clearly shows an unprofessional response to the AIDS threat and certainly appears to be the result of inadequate training.

This first section of the literary review has been on police exposure and response to the AIDS threat. Hammett, writing for the National Institute of Justice (NIJ), is clearly the most prolific writer on this subject. He has been most adept at minimizing the theory versus practice dilemma by providing workable solutions to the AIDS problems faced by criminal justice agencies. In fact, he was one of the first authors to collaborate with the legal and medical communities to publish literature on the AIDS threat that was of practical use to the criminal justice community. He personifies the general attitude found among the various scholars throughout this sectional review. Basically, their approach has been to provide a rational look at the AIDS problem with an eye toward reaching realistic solutions. These realistic solutions, however, are often affected by decisions reached by other important

elements of the criminal justice system. The judiciary is one of those elements and has contributed its share to the AIDS phobia.

Judicial Response to AIDS

Misunderstanding of Disease

The courtroom often provides a window through which society's attitude toward a particular issue can be viewed. Unfortunately, rulings have shown both a complete misunderstanding of AIDS and a proclivity to act upon emotional appeal rather than time-tested information. All elements of the courtroom setting have contributed to this emotional response, including judges, prosecuting attorneys, juries, and participants. This overreaction has reinforced the irrational fear of AIDS held by the police and encouraged a paranoid handling of AIDS victims.

Many jurisdictions left no doubt about their intentions when faced with the AIDS threat. In Fort Lauderdale, Florida, an AIDS-stricken inmate was charged with attempted murder after officials said he threatened and attacked a sheriff's deputy by biting him on the finger.[18] The inmate was charged with attempted murder and battery on a law enforcement officer. Apparently, the inmate made a statement to the deputy that he was not going to court, and that if he tried to take him, he would bite him. The inmate claimed he was a homosexual and IV drug abuser and said he has had sexual relations with someone

diagnosed as having AIDS. Rather than treat the inmate's intimidation attempt as just that, prosecutors chose to ignore CDC information on AIDS transfer modes and react to irrational fears. This case study clearly shows the depth of feelings that surround the disease. Some researchers believe a more consistent approach could be reached by enacting a statute to specifically proscribe conduct that appears to serve as the primary means of transmission of the HIV.

David Robinson, Jr., writing for the Armed Forces Institute of Pathology, has provided guidance that, he proposes, will alleviate some of the misunderstanding found within the judicial system.[19] Robinson believes that retribution is of little relevance to our present purposes of addressing possible means of reducing the spread of the HIV. He proposes a statute that would provide some degree of consistency for judicial elements. Purposeful, knowledgeable, and reckless transfer of the HIV to another person would be prohibited. Transfer includes engaging in sexual intercourse; or permitting reuse of a hypodermic syringe, needle, or similar device without sterilization; or giving blood or semen to a person, blood bank, hospital, or other medical care facility for purposes of transfer to a person, or donating an organ or other tissue. Robinson believes that behavior restraint is essential in view of the absence of effective vaccines or curative therapies.

However, he offers an opinion on prostitution that does not agree with other scholars.

Robinson writes that prostitution by both males and females appears to be a significant source of contagion of the HIV.[20] To support this view, he says IV drug abuse among females is frequently supported by prostitution and provides a channel for HIV to be transferred from drug abusers to the heterosexual population. Prostitution may be more efficient in transmitting the disease than most noncommercial sexual encounters, not only because of the many opportunities for prostitutes to become infected and to spread their infection, but also because previously deposited semen may itself be contacted by subsequent male patrons in the course of a prostitute's work.

This position is in sharp disagreement with more recent writings on prostitution and AIDS. In their work "Prostitutes and AIDS: Public Policy Issues," Judith Cohen, Priscilla Alexander and Constance Wofsy state that prostitutes in the U.S. are not and have not been significant vectors for the transmission of sexually transmitted diseases, including AIDS.[21] If prostitutes were effectively transmitting the AIDS virus to their customers, there would be far more cases of white, heterosexual males diagnosed with AIDS than are reflected in current statistics. The average street prostitute sees 1,500 customers a year. If even five percent of female

street prostitutes in New York City were infected by 1981, the year AIDS was first identified, even moderately efficient transmission of the virus from prostitutes to clients would have resulted in the diagnosis of at least 100,000 white, heterosexual men by now.[22]

The American Civil Liberties Union (ACLU) supports this position, and, in addition, they offer reasons why prostitutes do not pose an AIDS risk to sexual customers, regardless of the racial or ethnic background of the customer.[23] Basically, the main reason is that most of their patrons seek oral sex rather than vaginal sex. This form of sex offers only a remote chance of infection from a HIV-infected person. Consequently, this finding questions the logic of targeting female prostitutes as high risk elements, a position that is taken all too often in many jurisdictions, according to the ACLU.

For example, prosecutors in Fresno, California, charged a prostitute and her pimp with the misdemeanor of prostitution and willful exposure to a communicable disease.[24] The prostitute and pimp knew that she had AIDS when she solicited a potential customer. Obviously, this ignores evidence on passage of the disease through prostitution. In addition to prostitution, biting incidents have received their share of courtroom time.

For example, an inmate who bit two officers was found guilty of assault with a deadly and dangerous weapon--his

mouth and teeth--in a Rochester, Minnesota, court.[25] The inmate was accused of biting the officers hard enough to break the skin of one officer. The prosecuting attorney said that the accused told a nurse after the incident that he wanted the officers to die and hoped they would get AIDS from the wounds. This attorney told the jurors that almost any object which is likely to produce death or great bodily harm can, in certain circumstances, be a dangerous weapon.

Emotional Response

These two cases clearly illustrate how major actors within the courtroom setting can exploit a misunderstanding of AIDS to achieve convictions. Though the CDC has made it clear that only a remote chance exists for transfer of the HIV through saliva, the courtroom continues to produce evidence that says the message is not getting through. Emotional responses often take the place of reason. A judge in a Hamilton County (Ohio) criminal court, for instance, cancelled a jury's tour of the crime scene and ordered all courtroom evidence sealed in plastic because the homicide victim, killed eight months prior to the trial, was an AIDS patient.[26] A Florida convict was sentenced via closed circuit television because the judge, lawyers, and clerks were afraid of contracting AIDS.[27] In Rhode Island and Texas, arrested men suspected of having AIDS have been arraigned in their cells because of fears that the courtroom and staff would become contaminated.[28]

These emotional responses do little to mitigate the fears of police officers, much less provide guidance for police leadership.

Judges cannot seem to agree on the appropriate position to take with AIDS victims. For example, a marcher in the San Diego, California, Gay Pride Parade was ordered to stand trial for biting two police officers following a skirmish with fundamentalists protesting the march.[29] The accused was charged with two felony counts of battery and interfering with an officer, a misdemeanor. The two police officers were tested for AIDS antibodies, but the results weren't disclosed. The disagreement within judicial ranks became obvious over testing of the accused. Prosecutors failed to get the blood of the accused tested for AIDS antibodies after an appeals court overruled two judges who had approved the testing. This mixed signal could be seen by the officers as a concern more for the accused than public servants. For certain situations, this is entirely appropriate. However, due to the serious nature of the disease, it could encourage police officers to resort to unprofessional practices to protect themselves.

This review of AIDS within the courtroom setting clearly shows the degree of confusion being presented to law enforcement. The authors have accurately portrayed a system that is struggling with the AIDS epidemic and its impact on society. Police are key players in this drama and are easily affected by judicial misunderstandings of

and emotional responses to the disease. However, the effect of AIDS on the police does not end in the courtroom. From this intermediate point within the criminal justice system, the AIDS carrier often moves into the correctional setting. This begins an exposure period to standards and associations that often forges a criminal mindset and results in a cycle of behavior that exists for a lifetime. This behavior, when accentuated by the AIDS virus, could easily produce a criminal element that presents a substantial risk to police officers. Consequently, a review of the research on AIDS within the correctional setting is essential if one is to understand the complex nature of this disease among the criminal element, and the resultant effect on the police.

Impact of AIDS on Corrections

Mandatory Testing

The correctional setting has long been a place where societal ills become magnified, often due to the close living arrangements and the unnatural isolation of adult males from females.

> It is against the very nature of man to be confined from normal activities, grouped together with other men, and denied the association of women. Such a system will always breed hatred, animosity, resentment, frustration, inferiority complexes, homosexuality, and general inhumanity to man. Where these energies will be directed is another issue, but they will be present; the prison will always be a powder keg.[30]

These words, spoken by a prisoner at Parchman Penitentiary in Sunflower County, Mississippi, have application for the AIDS problem currently facing correctional institutions across the nation. The issues of inmate testing, segregation and privacy of information are proving to be administrative nightmares for managers. Numerous cases have been taken to court by inmates who believe officials are not taking the necessary steps to handle the AIDS problem. While prisons, jails and lock-ups may have, historically, been powder kegs, AIDS arrival on the scene has magnified every problem faced by inmates and administrators. By October 1988, a cumulative total of 3,136 confirmed AIDS cases had been reported among inmates in the nation's prisons and its largest jails.[31]

While this population figure applies to larger institutions only, problems with AIDS is also relevant to police lock-ups. Rape of inmates by other inmates has long been a problem faced by police officers in even the smallest facilities. The AIDS epidemic has magnified the concern over this issue and helped raise the possibility of mass testing of inmates. Hammett, in his research for the NIJ, reviewed mass screening and testing procedures for inmates.

This research consisted of thirty-seven questionnaires that were sent to large city and county jail systems in the United States. Twenty-eight responses were completed and

returned, giving a 76% rate of return. Questionnaires were also sent to and received from all fifty state departments of correction and the Federal Bureau of Prisons, as well as from all twelve Canadian correctional systems.[32] Hammett makes it clear in the beginning that correctional officials of the larger facilities were quick to address the problem of AIDS. Although initial activity may have been driven by inmate pressure, administrators have attempted to find solutions to the myriad of problems created by AIDS.

Hammett is quick to point out that there is still much debate over mandatory HIV antibody screening in prisons and elsewhere. Although many both inside and outside corrections consider mass screening a must, there are many who still consider it unnecessary and believe it could actually be counterproductive. Patricia A. Wagner, writing for the Armed Forces Institute of Pathology, considers it unlikely that inmates will be successful in suits seeking mass screening of all inmates.[33] At issue are medical and scientific questions of accuracy involved in testing, counterveiling legal issues to consider, and the actual risk to the prisoner jailed with the HIV carrier.

Hammett reports that pressure for mass screening and testing has come from legislators, city and county officials, correctional staff, and inmates.[34] A more limited form of screening involves testing all inmates with discernible histories of high-risk behavior (e.g.,

homosexual/bisexual males, IV drug abusers, prostitutes). This approach, however, raises the issue of discrimination based on personal lifestyles, and could easily be challenged by the inmates. Conversely, mass screening usually involves testing all inmates, all new inmates, and/or all inmates prior to release. The only legitimate reasons to mass screen are: (1) to reduce transmission of HIV in correctional institutions; (2) to improve medical monitoring of and medical care for infected inmates; and/or, (3) to inform counseling and supervision of releases regarding their behaviors in the outside world during the pre-release screening process.[35]

While Hammett points out that relatively few correctional systems[36] presently conduct mass screening, Blumberg, in AIDS: The Impact on the Criminal Justice System, reveals that immigrants and military personnel have been undergoing mandatory testing for several years.[37] The rationale behind testing a low-risk group such as the military while prisoners are not tested is an issue unto itself. However, Dana Eser Hunt reports that, in 1987, the Federal Bureau of Prisons instituted a program of testing all parole-eligible inmates within 60 days of release. In this program, approximately 2-3 percent tested HIV antibody positive.[38]

According to Hammett, an increasing number of states are offering testing to all inmates on request on the

assumption that this should be available to prisoners as it is in the outside world.[39] He relates that some officials have continued to resist this policy. For example, one correctional medical director suggested that having the test so widely available might encourage seronegatives to engage in high-risk behavior and produce a false sense of security in inmates and staff. This train of logic would also stop sex education in school since it might result in unwanted pregnancies.

Hammett finishes his research on mass screening and testing through a review of institutional polices.[40] An increasing number of correctional systems are establishing policies requiring testing of inmates involved in accidents in which HIV transmission was possible. There is potential for abuse in this process, in that testing may be ordered following incidents which involve no realistic possibility of transmission. Many administrators, however, consider this a risk worth taking, given the volatile repercussions from this problem. As Shilts reported in And The Band Played On, prisoners in a New York State prison started a hunger strike because the cafeteria's eating utensils had been used by an inmate who had died of AIDS a week earlier.[41] This example provides a vivid illustration of the emotions that surround this issue, but what should an administrator do with an inmate who tests positive for HIV antibodies? Put another way, should HIV positive inmates

be segregated from other prisoners?

Segregation

Takas and Hammett have conducted extensive research on this issue and provide a broad overview of the problem in their work for the NIJ. They relate that the central question is whether seropositive inmates and those with AIDS symptoms may or should be segregated from the larger prison population.[42] On one side of the issue are the healthy inmates who have sued, seeking the segregation of all seropositive inmates. Conversely, HIV-seropositive individuals have alleged discrimination since segregation denies them access to many programs and facilities available to the general inmate population. A central issue in deciding equal protection claims is whether inmates contesting segregation or other restrictions are similarly situated to other inmates who are not so restricted.

Under this legal standard, it is impermissible to refuse arbitrarily one person's rights or privileges that are routinely granted to others in circumstances that a court would consider similar. In general, courts have upheld the discretion of correctional officers where the policy is held to be based on legitimate health, safety, and institutional security considerations. Takas and Hammett stress, however, that identification and segregation of seropositive individuals are, at best,

incomplete strategies for preventing HIV transmission.[43] The major reasons for this are technical problems with the test and the lag time (usually 3 to 12 weeks, but sometimes longer) between infection and appearance of detectable antibodies.

Robinson's research on segregation of infected inmates follows a more historical route.[44] American history chronicles the use of quarantine for infectious citizens. They were often isolated in their home or medical institution to protect the general population. However, with the advent of effective drug therapies, and the decline of some communicable diseases, the use of quarantine became rare. Following this period, the courts began broadening the procedural protections available to persons deprived of liberty, and the scope of the power to quarantine today is less clear. However, there are subpopulations for which the use of quarantine may be warranted. Examples might be infected prostitutes who refuse to alter their employment or infected promiscuous homosexuals who refuse or fail to limit their behavior.

Robinson, by using the female prostitute example, once again has illustrated his point of view that sharply disagrees with the position taken by Cohen, Alexander and Wofsy, who report there have been no documented cases of men becoming infected through contact with a specific prostitute.[45] Additionally, to quarantine prostitutes who

have AIDS could be considered an arbitrary refusal of their rights and result in litigation. Wagner's research indicates that inmates with AIDS have filed suits challenging these segregation policies and the adequacy of the medical care afforded to them while in segregation.[46] Suits have been filed by healthy inmates challenging decisions not to segregate AIDS inmates, and alleging failure on the part of correctional systems to adequately protect against the spread of AIDS. Wagner's research on segregation of HIV carriers, concludes, basically, that courts are granting the discretion needed by administrators to segregate inmates for health care reasons. She believes that courts will be forced to balance the realities of the correctional facility's resources with the inmate's right to receive proper treatment.

Hammett's research confirmed the trend identified by Wagner and offered some guidance. His 1987 report had noted the decline of blanket segregation policies, especially for asymptomatic HIV-infected inmates and those with lesser forms of HIV disease, and the trend to case-by-case housing and programming decisions.[47] The following year found a solidification of this trend, although many correctional systems reported that they were under continued pressure to institute segregation policies for HIV-infected prisoners. Hammett provided six options available to administrators when making decisions on

segregation: (1) maintaining inmates in the general population with no restrictions or special programming; (2) maintaining inmates in the general population with special programming or restrictions; (3) hospitalizing inmates; (4) administratively segregating inmates in a separate unit; (5) returning inmates to the general population when their illnesses are in remission; and, (6) case-by-case determination of all housing and treatment decisions.[48]

Hammett makes it clear that administrators must decide what is best for their institution. The most important point is to have a stated policy, something that gives due consideration to both the inmates and others who may come into contact with them. However, the issue is complicated by release of information restrictions on medical history.

Release of Medical History

The right to protect confidential information has always been zealously guarded. Conversely, those who need access to the information try just as hard to get it released. The AIDS epidemic provides a case in point. Individual medical information on suspected AIDS carriers became a much sought after entity by everyone who could be affected by the disease. For example, some employers believed it necessary to have this information so that they could make rational decisions on employability. Just as determined to keep them from getting it were the employees who, often justifiably, believed it would be used to their

detriment. The research gathered on this topic addresses both sides of the issue and leaves no doubt that it is still being hotly contested.

Wagner's research highlighted a critical point about measuring the danger correctional guards face when handling suspected HIV carriers.[49] During the arbitration of an AIDS-related incident in Minnesota, an employee union argued that the standard for measuring danger should not be an objective, scientific evaluation of the risk of contracting AIDS. Rather, the grievant's perception of that risk is a more relevant indicator. Withholding individual medical information on inmates, when the inmate is suspected of having a communicable disease, can also be perceived by the guards as a callous disregard for their safety. Wagner described a situation within the Delaware Department of Corrections where inmates received confidential testing after they had engaged in homosexual relations with another inmate who died of AIDS. The results of the test were kept private and this created a furor among the prison employees. The employees took their dispute through arbitration where the Department was told to get the information for them. Wagner also suggested that proper training of the employees should mitigate their fears.

Hammett's research asserts that the related issue of confidentiality and notification remain at the heart of

correctional systems' response to HIV infection and AIDS.[50] Confidentiality of any information is difficult to maintain in correctional facilities, let alone information of such great concern to so many other inmates and staff. He agrees with Wagner that training of correctional staff members is the best solution to the problem. Proper training would alleviate some of the fears and misconceptions that accompany the AIDS epidemic. In Hammett's research, governing authorities closely monitor the inmate's right to privacy and hold the correctional institutions responsible for not properly preparing the employees to deal with AIDS. Hammett asserts that universal precautions, when properly implemented, make it unnecessary for anyone other than the inmate, his or her attending physician, and possibly the institutional superintendent, to know an inmate's HIV antibody status or HIV-related diagnosis. Thus, correctional systems should place great emphasis on training regarding universal precautions, and the implementation and enforcement of such precautions. Many people, however, would disagree with Hammett, especially those who must routinely interact with an HIV carrier on probation or parole.

Hunt collected a large amount of material on the conflicting demands faced by community corrections services.[51] Community corrections administrators may feel the need to know test results in order to make informed

decisions about special medical needs, housing, counseling, and other support services. Third parties, such as spouses, sexual partners, employers, or family may desire the information to make critical decisions. On the other hand, the most compelling reason to withhold the information is fear of discrimination in housing, employment, insurance, as well as possible ostracism by the community, family, or friends. Hunt discovered that few community corrections systems have specific policies regarding the disclosure of HIV antibody test results. The response to his questionnaire was low, but of the ones who did respond, some parole or probation officers, physicians, and other medical staff, and departments of public health received test result information. Basically, release of information is severely limited in most states, even to the probation or parole officer.

The conflicting nature of this problem makes it unlikely that a solution will be reached which is amenable to both sides. Most likely, the issue will be arbitrated case by case through regulatory agencies and the court system. The research indicates that the problem is far from solved and suggests that special interest groups are now becoming more active on the AIDS issue.

Influence of Special Interest Groups

One of the first special interest groups to make a stand on the AIDS issue was the American Civil Liberties

Union (ACLU). The ACLU opposes laws which single out any group for mandatory testing.[52] Their research indicates that prostitutes are not likely to harbor the AIDS virus unless they exhibit the same risk factors as other women: either being abusers of IV drugs or being sex partners of men who use drugs. Targeting prostitutes for forced testing simply won't work as a prevention strategy; it will simply drive them underground. Crackdowns by law enforcement have had no effect except to move this activity from one neighborhood to another. The ACLU does recommend a program of required AIDS counseling.

A more confrontational group is composed of individuals from the gay rights community. Shilts conducted research on their activities in support of gay rights across the nation.[53] Gay rights activists made it clear that they would not tolerate weak sentences for criminals who had been convicted of killing homosexuals. The activists organized a march on San Francisco's City Hall that turned into a riot. The riot left dozens of policemen injured and the front of City Hall ravaged. Televised coverage showed police cars in flames and rampaging gay crowds. However, once AIDS made its appearance on the scene, the gay rights groups would face some of their most severe challenges. No longer would the mobile blood bank travel to the gay rights parades to collect blood for public use.

However, gay rights activists would continue to show that they had influence over the police. This influence was described in an article in the Crime Control Digest entitled "D.C. Police Protective Gear Upsets Homosexuals at Protests; Meese Defends Department."[54] The protest was organized by homosexual activists angry at President Reagan's call for mandatory AIDS testing. Sixty-four people were arrested in the noisy but orderly protest after they hurdled a concrete barrier and sat in the middle of Pennsylvania Avenue blocking traffic. The gays were shocked and offended when the police donned bright yellow gloves to wear while handling the demonstrators. They felt that it showed an insensitivity to them and was just another example of the misunderstanding about AIDS. The gay activists created a furor over the incident and gathered national attention, thus putting the police on the defensive and forcing them to look closely at their choice of protective gear and policy.

Closely tied to this issue is the involvement of another special interest group--the police union. Marsh, in his research for Law and Order, reported on the recommendations made by the President of the Cleveland Police Patrolman's Association at the National AIDS and Safety Forces Conference.[55] He recommended that inmates who carry the AIDs virus be forced to enroll in an AIDS counseling program as a condition of their parole. While

this might not reveal to police officers the names of seropositive individuals, it would at least insure they received counseling in the hope that knowledge would keep them from spreading the disease.

However, the unions can often become quite vocal as well. For example, take the previously mentioned incident involving the D.C. Police Department. The protective gear policy resulted from the insistent urging of the D.C Fraternal Order of Police (FOP).[56] The FOP had for a long time been pushing the Department to provide protective gear for officers. Police officials, however, resisted these recommendations and were sometimes even hostile to them. The FOP, on the glove issue, tried to specify the type of gloves to be issued, but were meeting resistance from department administrators due to the expense involved. However, they continued to push for influence on department policies.

This research illustrates the impact that special interests groups have on the AIDS issue. From the ACLU challenging jail administrators on the rights of HIV-infected prisoners to the gay rights groups trying to influence our judiciary, the research clearly shows that the criminal justice system is facing one of its most severe challenges. Struggling to achieve some semblance of balance and placate all parties to the issue, legislators across the country have enacted statutes that address both

the rights of HIV carriers and the public. A study of the research on this activity will reveal the scope of their efforts.

Legislative Actions on AIDS

This section will review legislation enacted at both the federal and state level. These two levels of government appear to be the prime movers in establishing law to address the AIDS problem. While some of the laws were enacted to protect the HIV carrier, the majority were passed to protect the public, especially those passed at the state level. Additionally, activity at the state level has produced more legislation in general to deal with the disease. This section will begin with a discussion of efforts to protect the HIV carrier and will finish with a look at those measures enacted to protect the public, with an emphasis on emergency care personnel. California will be used as the focus of research at the state level in order to provide a more detailed picture of the issue as it affects the police.

Laws to Protect the HIV Carrier

The Federal Rehabilitation Act (Act) of 1973, as amended, provides protection to persons who are discriminated against in employment or other areas where a handicap might be the basis for discrimination.[57] In addition to covering people who are actually disabled, it prohibits discrimination against either those who have or

are perceived to have a history of a handicap. This Act does not specifically address AIDS, but it is generally accepted that its provisions provide protection for persons with AIDS or ARC, or those who test HIV antibody positive against employment discrimination. Additionally this Act provided the base line for the Supreme Court when it rendered its decision in the School Board of Nassau County versus Gene H. Arline case.[58] In that case, the Supreme Court concluded that while some persons who have contagious diseases may pose a health threat to others, this does not justify discrimination against all persons with actual or perceived contagious diseases.

Additionally, the Court stated that an employer has an obligation to make a reasonable accommodation for the handicapped employee. This Supreme Court review is of substantial precedential value. The review holds that individuals with diseases perceived to be contagious may be protected from employment discrimination under the Federal Rehabilitation Act. Accordingly, persons with AIDS, ARC or those who test HIV antibody positive may be considered as handicapped under federal law and are protected against employment discrimination. The states have also addressed the issue of AIDS and discrimination.

The Fair Employment and Housing Act (FEHA) was first passed by the California Legislature in 1959 and was later amended numerous times to expand its coverage.[59] The FEHA

prohibits discrimination in employment because of the race, religious creed, color, national origin, ancestry, physical handicap, some medical conditions, marital status, or sex of any person. The Fair Employment and Housing Commission, which enforces the provisions of the FEHA, has ruled that AIDS is a physical handicap and there is no danger to the health of co-workers when employees with AIDS continue to work. The California Legislature has also been active in passing legislation on AIDS testing.

Chapter 1088, Statutes of 1988 (SB 2643, Hart), enacted California Health and Safety Code Section 199.26 and Penal Code Section 1524.1.[60] Section 199.26 addressed the issue of AIDS testing and disclosure of information. The intent of Section 199.26, as defined by the legislative counsel's digest, was primarily to protect the victim, but also included protection for any person accused of committing a crime. At issue was the possibility that the victim may have become infected with the HIV as a result of some act by the accused. The legislation specified that nothing in this section shall be construed to authorize mandatory testing or disclosure of test results for the purpose of a charging decision by a prosecutor. Additionally, this section emphasized that it did not breach the confidentiality provisions contained in the California Health and Safety Code, beginning with Section 199.20.

Section 199.20 protects the privacy of individuals who take the HIV antibody test. It provides that no person shall be compelled to identify or release identifying characteristics of any person who takes the HIV antibody test, except as provided by law. Other related sections of the Health and Safety Code spell out those exceptions to Section 199.20 where the HIV carrier may be tested for antibodies to the virus and those instances where a carrier's identity may be revealed. These code sections actually protected both the rights of the carrier and those of any person who might be infected by the carrier.

This legislative activity made it clear that legislators were trying to please both HIV carriers and, at the same time, provide some semblance of protection for the general public. Much of this legislative activity at both the federal and state level was influenced by special interest groups such as those mentioned previously. While these actions in support of HIV carrier's rights had an effect, albeit limited, on the police, the major impact for law enforcement came about through legislative efforts that restricted the rights of HIV carriers.

Laws to Protect the Public From the HIV Carrier

Legislative action in this area was instigated primarily at the state level. Much of the work done was due to the high level of anxiety that has accompanied this disease since its discovery in America back in 1981.

Chapter 1334, Statutes of 1987 (AB 1726, Areias), amended California Penal Code Section 13518 and added Section 13518.1.[61] These two sections could be construed as being intended for protection of both the rights of HIV carriers and those of the law enforcement community. However, its intent was to insure that the police met the training standards prescribed by the Emergency Medical Services Authority for the administration of first aid and cardiopulmonary resuscitation. The bill required every law enforcement agency employing peace officers to provide each peace officer with training in the use of an appropriate portable manual mask and airway assembly designed to prevent the spread of communicable diseases when applying cardiopulmonary resuscitation. This bill also required a law enforcement agency to provide to each peace officer a portable manual mask and airway assembly.

Chapter 1537, Statutes of 1988 (SB 1913, Presley), enacted Title 8 to the California Penal Code.[62] The major emphasis of Title 8 was on inmates within prison and jail populations, but it also addressed probationers and parolees. It established procedures through which custodial and law enforcement personnel are required to report certain situations and may request and be granted a confidential HIV test of an inmate convicted of a crime, or a person arrested or taken into custody, if the custodial or law enforcement officer has reason to believe he or she

has come into contact with the blood or semen of the inmate or in any other manner has come into contact with the inmate in a way that could result in HIV infection. Title 8 also required that probation and parole officers be notified when an inmate being released from incarceration is infected with AIDS, and permit these officers to notify certain persons (such as law enforcement officers) who will come into contact with the parolee or probationer.

Persons affected by provisions of Title 8 were correctional officers, peace officers, other staff of a correctional institution, highway patrol officers, county sheriff's deputies, city police officers, parole officers, probation officers, and city, county, or state employees including but not limited to, judges, bailiffs, court personnel, and public defenders. Correctional institution was defined as any state prison, county jail, city jail, all juvenile facilities, and any other state or local correction institution. Obviously, the bill was intended to have far reaching effects and did, indeed, become a landmark bill for rights of criminal justice practitioners on the AIDS issue.

Section 1524.1 of the California Penal Code addressed itself more to protection of the general public.[63] This section provided that when a defendant had been charged with a crime or a minor was the subject of juvenile court proceedings alleging commission of a crime, the court, at

the request of the victim, may issue a search warrant for the purpose of testing the blood of the accused with an HIV test. The prerequisite is that the court finds there is probable cause to believe that blood, semen, or any body fluid identified as capable of transmitting the HIV has been transferred from the accused to the victim. This statute made it clear that public sentiment in California had firmly shifted to the side of the victim and away from the HIV carrier.

Another measure that extended the rights of victims, but was more oriented toward the protection of emergency care personnel, was Chapter 1.20, Initiative Measure 1988 (Proposition 96), which enacted Sections 199.95 - 199.99 of the California Health and Safety Code.[64] While similar to Title 8, Chapter 1.20 included additional protection for personnel who provide emergency care services. This group includes peace officers, firefighters, emergency medical personnel, correctional staff, and correctional medical staff. Chapter 1.20 provided for the testing for communicable diseases of individuals charged with certain offenses, both juveniles and adults. It also authorizes the testing of any defendant or minor who is alleged to have interfered with the official duties of any peace officer, firefighter, or emergency medical personnel by biting, spitting, scratching, or transferring blood or other bodily fluids on, upon, or through the skin or

membranes of the peace officer, firefighter, or emergency medical personnel. This marked a significant expansion of the coverage contained in Title 8.

In Title 8, a person had to be arrested, taken in to custody, or convicted of a crime before testing could be ordered. Under the provisions of Chapter 1.20, simply interfering with emergency care personnel could subject a suspected HIV carrier to testing. Also added was a requirement for medical personnel in prisons, jails, and juvenile detention facilities, who receive information that an inmate or minor in custody at such facility has been exposed to or infected by the AIDS virus, to communicate this information to the officer in charge of the facility. The officer in charge shall communicate the substance of this information to all employees and all persons providing services at the facility who have or may have direct contact with the inmate or minor who is the subject of this information.

This loosening of confidentiality is not a contradiction of the provisions contained in Section 199.20 of the California Health and Safety Code; rather, it indicates a desire by the public to place more emphasis on the protection of public service providers. This shift provides a clear example of the change in public attitudes toward HIV carriers and shows how quickly a state can alter directions on such a volatile issue as AIDS. While the

research does not indicate all of the variables that influenced this shift, law enforcement agencies certainly profited from the activity. What they have done with these measures, and other available guidance from numerous elements of the criminal justice system, is the subject of the next section.

Police Leadership's Response to AIDS

Police leadership bears the major responsibility for preparing police officers to handle the AIDS threat. To fulfill this requirement, police managers must be aware of current developments on the AIDS issue and be proactive in initiating measures to both protect their officers and maintain a high standard of service to the public. The research available to help them accomplish this goal has primarily been descriptive in nature with inclusion of a limited amount of information from criminal justice agency surveys. This section will present a review of the research by addressing three areas that directly affect a police department's ability to handle the threat from AIDS. Those areas are: (1) training requirements; (2) policy issues; and (3) protective equipment. California will be used again as the focus of research at the state level in order to provide a clear picture of the issue as it affects the police.

Training Requirements

> For at least the next several years, the most effective measure for significantly reducing the

> spread of HIV infection is education of the public, especially those individuals at higher risk. Education also is needed for those who are in a position to influence public opinion and for those who interact with infected persons. The present federal effort is woefully inadequate in terms of both the amount of educational material made available and its clear communication of intended messages. Many other groups, including health care professionals, public officials, and opinion makers, must receive education about AIDS.[65]

These words, spoken by members of the Committee on a National Strategy for AIDS in 1986, hold equally true for law enforcement today, especially for those people within the leadership ranks. It is critical that criminal justice personnel receive accurate, timely, and regular information about AIDS. Criminal justice agencies should not rely on the media to provide this information, since media coverage of the disease is sometimes misleading and may foster unnecessary fear. Hammett's research for the NIJ stresses involvement of staff members in the training program.[66] Management, staff members, union representatives, medical experts, and health professionals are important actors in developing an effective training program. Many law enforcement personnel have been skeptical of the medical community's pronouncements about AIDS. Hammett emphasizes the fact that presenting medical research as unequivocal fact may not be effective in diminishing an officer's fear.

> AIDS is a disease of high-risk behavior, not high-risk groups. Far too many people take the potentially dangerous position that the AIDS virus may be transmitted by contact with members of "high-risk" groups. In fact, everyone must be

> concerned with a few well-defined types of activities--specifically unprotected sexual intercourse, sharing of needles, and other activities where blood, semen, or vaginal secretions are exchanged.[67]

Hammett's point in making these comments was tha. trainers must minimize the tendency to stereotype the disease as a "gay" disease and insure police officers get the facts. If the AIDS training does not convey this information, and if the tone is not properly balanced between caution and reassurance, it may encourage misinformed beliefs that in turn can severely affect the operational effectiveness and service delivery of a law enforcement agency. It is counterproductive to train staff to wear gloves, gowns, and masks for every contact with persons known or suspected to be infected with AIDS or persons who engage in AIDS high-risk behavior. Such precautions are not normally necessary and may encourage the incorrect view that the AIDS virus can be transmitted by casual contact.

Hammett's research has shown that training and education should be provided before staff become fearful about AIDS; experience shows that if education programs lapse, concerns are quick to resurface. AIDS information should be included in both recruit and regular inservice training. "Live" training on AIDS is the most effective format, because it provides staff members the opportunity to raise their own specific questions and concerns and to

receive responses from people who are knowledgeable on the subject. However, Hammett found that fewer than one-half of the departments surveyed (35 departments surveyed) currently present any form of live training. Distribution of printed materials is the most common form of AIDS education for staff in the departments (63%), followed by videotapes (40%), lectures (40%), seminars (14%), and slide shows (11%).[68] The training should be law enforcement oriented and not just a transfer of generic information about the disease. Police officers must be made to understand how the disease fits in with their environment. Otherwise, they will simply brush it off as just another training requirement that the department has to meet.

A report in Law and Order gives an example of a training program in Canada.[69] Metro Toronto police officers are getting a 45-minute training session to show them how to deal with AIDS sufferers. The presentation, including a nine-minute video and lectures by health department and police officials, covers how the AIDS virus is spread, the risks to police officers, and precautions to be taken to protect both officers and AIDS victims. The presentation does appear to be multidimensional, but the time allotted seems somewhat restrictive. Additionally, there is no indication that follow-up or inservice training has been scheduled. This philosophy is in contrast to Hammett's research which revealed a need for regular

inservice training. The basic thrust of Hammett's training program would include thirteen subject areas.[70]

Those areas are: (1) means of HIV transmission; (2) methods of preventing transmission; (3) CPR/first aid procedures; (4) search procedures; (5) arrest procedures; (6) transportation of prisoners; (7) crime scene processing; (8) evidence handling/laboratory procedures; (9) lock-up issues; (10) body removal procedures; (11) legal/liability issues; (12) HIV antibody testing procedures; and (13) disposal of contaminated materials. Hammett even goes so far as to recommend that police officers be used as educators in the community.[71] His research indicates that they have a more intimate knowledge of individuals who may be risking exposure to the virus, simply due to their work environment. An example of this would be IV drug abusers. Police officers, due to their street savvy, are more likely to be able to communicate with street people and would also know where to refer the people for additional help. The key to success for this program, of course, is to ensure the police are first trained themselves. One state that has taken steps to train their police officers is California.

Martin Forst, Melinda Moore and Graham Crowe conducted research into California's AIDS training program that passed through legislation and became part of the Health and Safety Code.[72] This program included, as its

educational strategy, an intervention methodology that comprised five broad categories: (1) formal presentations, including forums and workshops; (2) training-of-trainers (TOT), including inservice training; (3) outreach or small group presentation to high-risk individuals; (4) hotlines; and (5) mass media. A variety of these interventions were used with law enforcement agencies throughout the state. At first glance, with the exception of mass media, this strategy appears to agree with Hammett's concept of "live" training. In fact, this program goes beyond training of law enforcement officers and provides the community education that Hammett suggested as a responsibility for police officers.

One of the more common ways in which police received the training was through a standardized program created by the American Red Cross and the California Firefighters Association.[73] This protocol formed the basis for law enforcement AIDS training throughout the state. The program uses the TOT method with police and covers the following areas: (1) history and epidemiology of AIDS; (2) definitions of AIDS, ARC and HIV; (3) how the human immune system works; (4) how HIV is transmitted; (5) who is at risk; (6) symptoms of AIDS and ARC; (7) risk reduction and prevention; (8) what to do if you are exposed; (9) AIDS and the law; and (10) additional resources about AIDS. This program does have learning objectives for the students and

supplements the curriculum both with practical information of concern to law enforcement officers and through the use of table top exercises employing hypothetical situations.

A discussion of California AIDS training requirements would be incomplete without mention of the minimum standards dictated by the Commission on Peace Officer Standards and Training (POST). POST does publish a lesson plan that comprises the basic curriculum to be taught to police recruits in all academies throughout the state. A telephone interview with Darrell Stewart of the Sacramento POST office revealed that the academies are free to add supplemental information to this lesson plan to round-out the presentation.[74] The material contained in the lesson plan begins with a brief overview of the history of the disease; it then covers some protective measures and recommends adherence to local operating procedures.[75] While this lesson plan does provide a basic format for building a training program, it is intended, primarily, to be part of a first aid block of instruction. Additionally, much supplemental information must be added if it is to approach the standards recommended by Hammett.

Further research on POST requirements led to a review of the California secondary education curriculum for more senior police officers. A telephone interview with Bob Sadler of the Sacramento POST secondary education office revealed that there is no training at this level mandated

by the state.[76] Rather, the various POST secondary courses simply include information on AIDS as the need is perceived. Consequently, it appears that the Red Cross and California Firefighters Foundation program, mentioned previously, offer the best on-going effort to get an AIDS training protocol into California's police agencies in both the basic and in-service programs.

Additionally, the Red Cross distributes training updates and bulletins on a regular basis to ambulance firms, corrections, firefighters, and law enforcement professionals, according to Albert Wilson of the Sacramento Red Cross office.[77] This information covers AIDS-related subjects such as protective measures, field experiences, class schedules, and, most importantly, provides a steady flow of current material to departments for inclusion in local programs. The degree of importance given to AIDS training is, of course, left to the discretion of police leadership. Another aspect of police preparedness, policy directives, also lies within the domain of police leadership.

Policy Issues

Operational policies constitute the heart of any police department. They form the infrastructure that should set the tone for the direction taken by the department in any subject area. From traffic tickets to handling drunks, police leadership set boundaries for their

officers through the use of operational policies. An officer who knowingly violates those policies risks disciplinary action, to include removal from the force as its most extreme sanction. Conversely, any police leader who fails to exercise his responsibility to control the actions of officers, through promulgation of policy directives, is guilty of negligence at best. At worst, he will have failed to properly prepare staff and line employees to meet situations that, in many cases, are life threatening. The AIDS disease offers no exceptions.

Policy directives, kept current, are one of the most effective means of diffusing alarmist reporting in the media, according to Hammett.[78] Nearly all of the departments surveyed by him attributed officers' concerns about AIDS to media coverage. Accordingly, departments should not leave dissemination of information about AIDS to the mass media. They can select one of two general policy responses to AIDS: (1) instruct staff to follow existing policies regarding contact with individuals who may have communicable diseases; or (2) adopt specific policies and procedures for AIDS. The Red Cross, in California, offers a policy and procedure development workshop for police agency trainers.[79] They, just as Hammett, believe that departmental policy on AIDS can be part of a communicable disease program. In fact, over the past three years, the Red Cross project has determined that in addition to

addressing the issues that HIV raises on the job, proactive managers are developing policies and procedures that effectively address communicable diseases in general.

The International Association of Chiefs of Police (IACP) has produced a model policy on AIDS, aimed at ensuring that law enforcement officers and persons in police custody do not contract the virus.[80] The policy was drawn from the policies of police departments in Denver and East Hartford, Ct., as well as studies by the NIJ. Consequently, much of the material will reflect the guidance provided by Hammett. Basically, the IACP included information on protective equipment items, handling of suspects, sanitation of contaminated areas, and administrative requirements. The policy notes that it is predictable that police officers will eventually come into contact with a person carrying the HIV; consequently, precautionary efforts should be undertaken aggressively, everywhere.

Hammett also draws attention to the necessity for policy on labor relations issues. More than one-half of the departments surveyed considered AIDS a potentially serious legal issue for law enforcement.[81] One particularly sensitive issue concerns an officer's obligation to provide a service to individuals suspected of being infected with the HIV. Hammett believed that individuals assume a certain amount of risk when they

become law enforcement officers. Agencies should make it clear that anxiety about AIDS does not free officers from the obligation to perform their duties. Four of the surveyed departments reported incidents in which officers refused to perform duties out of such fear. These incidents involved transportation of prisoners, searches, and handling of evidence. Hammett's research makes it clear that police managers must develop clear and concise policy on labor relation issues such as this one.

He also worked with Takas in researching police lockup security policy issues.[82] They recommended a policy that treated every individual taken into custody as if they were HIV infected. While this might sound manpower intensive, they were simply referring to the importance of continual supervision of any group lockup area, since rape, sexual activity, or needle sharing among arrestees could result in HIV transmission. However, simply training an officer and providing him with policy direction will not properly prepare him for the threat from AIDS. Closely tied to these two elements is the need to supply each officer with appropriate equipment.

Protective Equipment

The Washington D.C. Police Department found out the hard way that "selection" of equipment items may be just as critical as the proper use of them.[83] Pulling on rubber gloves at a Gay Rights demonstration can seriously damage a

department's reputation, especially if the gloves are day-glo yellow. Hammett's research on equipment revealed that some police departments provide protective items such as gloves, mirrors for searching difficult to reach areas, and protective masks or airways for use in administering CPR. Over one-half (63%) of the departments surveyed provided these devices to prevent direct contact between the victim and the caregiver.[84] According to Hammett's survey, small police departments and those serving jurisdictions which had experienced few AIDS cases are somewhat more likely to provide these protective devices than are departments serving large cities which have had numerous cases of AIDS. Of course, the revelation that 63% of departments provide protective equipment also discloses that 37% do not. Factor in the information that police departments at higher risk (in larger cities) are less likely to provide protective items to officers and this revelation becomes even more significant.

Hammett also recommended additional equipment items for use during laboratory analysis of evidence. These included gowns, laboratory coats, plastic aprons, and face shields or protective eyeglasses.[85] He went on to recommend puncture-proof containers to store sharp instruments, and clearly marked plastic bags to store other possibly contaminated items. This emphasis on handling of evidence was supported by the Red Cross in California in

their research on AIDS protective measures.[86] They also recommend the use of tape instead of metal staples to seal evidence and to help avoid tearing of gloves. In sum, Red Cross research has provided information that is quite useful for the law enforcement professional, in addition to general emergency services agencies.

This section on equipment has covered the various items that are currently available for protection against the HIV. Though most of the ideas have come from external sources, the passage of time has seen a steady increase of ideas from within police agencies. For example, in the "At the Scene" section of Red Cross's update newsletter, a police trainer from Long Beach, California, described his department's success in providing officers with pairs of disposable protective gloves in self-sealing carrier bags.[87] This idea goes out in the newsletter to be used by police departments throughout the state. This initiative is noteworthy, of course, but the issue will not be solved simply by acquiring equipment. Application of the full range of recommendations provides the best protection against the AIDS threat.

Conclusion

This chapter has presented a review of the research conducted on elements that affect the ability of police officers to understand and handle the AIDS threat. From issues of police exposure to leadership actions, the focus

has been a determined effort to get past the surface to determine the depth of problems and suggested solutions. Hammett's work for the NIJ and the Red Cross's efforts in California are clearly two of the league leaders in bridging the gap between theory and practice. Working with professionals from the legal, medical and criminal justice communities, they have set new standards for interagency cooperation. The beneficiaries of their efforts include emergency service personnel and all elements of the criminal justice system. Together with the many other scholars and practitioners who have contributed to the literature, they have provided a realistic assessment of the AIDS problem and offered practical solutions. The focus now shifts to the police departments for a discussion of certain key elements that, collectively, comprise their response to the AIDS threat.

Notes

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CHAPTER 3

Analysis

Introduction

Police agencies must use strategic management concepts if they are going to effectively address the AIDS issue. The increase in HIV-infected persons within society presents a unique challenge to law enforcement agencies. Faced with an unseen enemy, the temptation is either to ignore the problem or react with excessive stringent measures that exacerbate the situation. Ignoring the issue is poor policy at best, and can produce disastrous results when an AIDS-related situation presents itself. The police may also find that harsh reactions can produce violent counteractions from affected groups. New York State experienced this when an attempt was made to restrict a defendant's right to be present in the courtroom, simply because the defendant carried the HIV.[1] Criminal defense groups and homosexual rights organizations were especially critical of the initiative. These external influences not only highlight one important variable of the AIDS problem, but also stress the necessity of addressing the entire issue from a strategic management perspective.

This analysis, then, will begin with a discussion of the three research questions: (1) is AIDS a threat to the police in their work environment?; (2) has police

leadership reacted to the AIDS issue in a timely manner, and properly prepared police officers to deal with the threat?; and (3) do nonstandardized police responses to AIDS-related incidents constitute a serious breach of professional conduct? Following this dialogue, a strategic management model will be presented to illustrate how a police agency might better respond to the AIDS problem. This model will cover the following areas: (1) mission statement; (2) organizational profile; (3) external environment; (4) objectives; (5) acceptance of strategy; and (6) control and evaluation. It will be apparent that application of this model effectively addresses all three research questions, and provides a coordinated response for any size police agency. Police agencies, to a large degree, represent the sum total of each officers strengths and weaknesses; therefore, it is necessary to first look at how officers view the AIDS threat.

Research Questions

Is AIDS a Threat to Police in Their Work Environment?

The research discussed in the literature review clearly illustrates that police officers fear the AIDS virus. The media and courtroom treatment of the disease did much to fuel this fear. In this analysis, however, it is important to focus on exactly why they fear it. The invisible nature of the disease is one of the factors that, most likely, produces the negative perception and guarded

response. Perception, of course, is the initial element since the officers, in most cases, have based their reaction to AIDS on media exploitation of the disease. This perception can lead to paranoia in the absence of adequate training and clear guidance through policy directives. Is it just this "fear of the unseen" that causes such a violent reaction in the police?

One could say that the violent reaction might be caused simply by fear of dying. While it is true that police officers have a history of confronting danger, this danger normally adheres to time-tested scenarios involving criminals and criminal acts. In short, stereotyped villains committing stereotypical crimes. Police are trained to react to these threats and fully understand the consequences of their involvement. They reach this understanding through the training and experience gained under the watchful guidance of more senior officers. Why then would the fear of dying from AIDS affect them in such a dramatic way? The most likely reason lies in the manner by which a person dies of AIDS.

AIDS does not kill quickly like a bullet from a fleeing bank robber; it can take years to identify itself. The dying process is prolonged, painful, and visible in a very uncomplimentary manner. The negative connotations from AIDS actually start with the initial diagnosis. An officer would find it difficult to explain to family,

friends and peers how he contracted the disease since there are no documented cases of an officer contracting AIDS while on duty. However, there have been cases of infections being contracted while off duty, either through blood transfusions or sexual activity. The general impression that AIDS is solely a product of the gay community and IV drug abusers makes it inevitable that officers fear death from this source. One could also attribute this fear to contemporary society's lack of experience with infectious diseases.

Kathleen C. Brown and Joan G. Turner express the view in AIDS: Policies and Programs for the Workplace that many people think infectious disease epidemics are something that belong to the past.[2] The memory of polio, typhoid, and tuberculosis epidemics exist mainly in the minds of America's senior citizens. Police officers, for the most part, are members of the baby boom years and later, and as such, cannot relate to an epidemic of infectious diseases. Now, for the first time in their lives, a killer disease is spreading unchecked through society with no cure or vaccine in sight. This knowledge can produce an irrational fear that is especially troublesome for younger generations who have grown accustomed to quick fixes and to every need being satisfied for the right price. Another reason for this fear could be attributed to the confrontational nature of police work.

Police officers are in a confrontational business. They routinely mix with the less desirable elements of our society. These elements include wife and child beaters, con-men, drug pushers, drug users, prostitutes, and many others that most elements of society never see. Exposed to these people, the officers develop attitudes and anxieties that become ingrained over time. The fear of AIDS could be a product of this distillation process that has been gathered through the officer's contact with suspected HIV carriers. These contacts are normally confrontational in nature and afford the officer an opportunity to either increase or decrease the level of his anxiety about AIDS. Unfortunately, these situations often become the basis for increased anxiety and further alienation from the public. Police leadership must address this alienation in a straightforward manner if any success is to be had in the reduction of fear among the rank and file members.

Has Police Leadership Reacted to the AIDS issue in a Timely Manner, and Properly Prepared Police Officers to Deal With the Threat?

Police leadership across the nation has given every appearance of being in a reactive rather than proactive mode on the AIDS problem. Fragmented responses to this volatile issue have, unfortunately, been the norm rather than the exception.

> But given the deadly nature of the virus, the classic reactive management response may not be

> adequate. What is required is a preventive response. Responsible managers need to gather information, listen to key people (doctors, consultants, employees, and union representatives), analyze the data, and develop a plan designed to give their employees a reasonable level of protection against the AIDS menace.[3]

These words were spoken by James T. McBride, the Chief of Police and Director of Security and Police Training at Lakeland Community College in Mentor, Ohio. His comments underscore the fact that police leadership is not facing up to this problem in a timely fashion. Confronted by a disease that has generated such media hype and posturing by ambitious politicians, police leadership has often taken a sit-back and wait attitude towards the problem. Often as not many agencies have yet to promulgate any policies on AIDS, much less tried to institute initial and inservice training for their line officers and staff. Part of the problem can be attributed to the historical make-up of police agencies in America. Unlike European countries such as England and West Germany, America chose to decentralize all police functions, and, in fact, tie them to jurisdictional lines that parallel political boundaries.

This political affiliation, while satisfying early settlers' fear of central government oppression, did little to provide standardized police services to a growing nation. In fact, quite the reverse is often true. For example, the 55 mph speed limit imposed by the federal government is a case in point. A motorist, travelling from

one jurisdiction to another, even in the same state, will face varying levels of enforcement of this law. And the variance, in most cases, can be attributed directly to individual nuances among political leaders throughout the nation. The AIDS problem suffers from this same piecemeal management approach to a central problem. While one can certainly see the benefits of decentralized policing, the present organizational design appears better suited to satisfying the whims of local politicians, than confronting issues of national significance such as AIDS.

Police leaders across the nation are a product of this decentralized design and, consequently, have much flexibility in addressing the form and function of their department's position on AIDS. The International Association of Chiefs of Police (IACP), through the Police Chief journal, has offered one standardized approach on police policy by publishing an AIDS management model.[4] This initiative is certainly commendable since it represents an attempt by the nation's top police leaders to provide a standardized approach for local police agencies. However, it also emphasizes the fact that, previously, local jurisdictions were relegated to finding their own solutions amidst the wide array of information available on AIDS. The point being made is that the IACP used information gathered from two separate police agencies and elements of Theodore M. Hammett's research to prepare the

model. This model was offered in December, 1987, a full seven years after AIDS was detected in America. The fragmented nature of police leadership's role in addressing the AIDS problem is highlighted by a caveat that accompanied the IACP's management model.

> The IACP model Acquired Immune Deficiency Syndrome/Infectious Disease Policy is intended to serve as a guide for the police executive who is interested in formulating a written procedure to present and potential AIDS/Infectious Disease problems. The police executive is advised to refer to all federal, state and municipal statutes, ordinances, regulations, and judicial and administrative decisions to ensure that the AIDS/Infectious Diseases policy he or she seeks to implement meets the unique needs of the jurisdiction.[5]

These "unique needs", while intended to represent legitimate differences among agencies, often are simply created to satisfy individual prejudices and political expediency. Compounding this problem are leaders who simply refuse to admit that the issue deserves their attention. This attitude could represent one of the reasons why officers in small police departments expressed a concern for the AIDS problem, a concern that was disproportionate to the level of threat present within their jurisdiction. Hammett believed that actual experience with the disease did much to calm the officers' fears; therefore, officers in small departments, who presumedly had little exposure to AIDS, would tend to be more concerned.[6] However, this "unwarranted" concern could also be attributed to a failure on the part of the smaller

agencies to effectively address the problem. Rather than develop training programs and policy guidance, the police leaders could be ignoring the fears of their officers.

This policy not only creates apprehension and distrust among the rank and file members, but it also may point to a management style that is avoiding other issues of comparable importance. The leaders are expected to react in a timely manner to any problem that is beyond the ability of individual officers to solve. AIDS is a nationally recognized threat and, as such, deserves the attention of police leaders. Nothing will demoralize rank and file members quicker than the perception that their leader assigns no value to their safety. At best, this perception can create discord; at worst, it can cause a reaction that significantly reduces the level of service offered to the public.

Do Nonstandardized Police Responses to AIDS-Related Incidents Constitute a Serious Breach of Professional Conduct?

Police conduct, when responding to any situation, reflects the assimilation of information that has been gathered over many years from various sources. The reaction to AIDS and, more specifically, suspected HIV carriers is a case in point. Variables such as parental and peer influence are acquired long before an individual pins on the police badge. These influences produce most of

the psychological and sociological traits that an individual carries throughout a lifetime. Add to this mixture the influential elements found within a police department and on the streets, and one can begin to see how standardization of police responses is no easy task. This standardization, however, is absolutely essential if professional responses to the AIDS threat are to be maintained.

The literature review leaves no doubt that police officers across the nation are, in some instances, reacting to the AIDS threat in an unprofessional manner. Historically, the police have been bound by a code that requires service of equal value to every citizen, and this service has often cost an officer his life. The willingness to jeopardize one's life in the line of duty was considered part of a professional code of conduct. The question is, of course, why do AIDS-related incidents elicit a breach of this code of conduct? The answer is complex and varies in degrees, as one would expect with a behavioral problem.

Early parental influence does much to shape an individual officer's attitude towards other elements of society. Combined with inherited traits, this mixture can affect the ability of an individual to approach problems with an open mind. In other words, some officers are taught by their parents to discriminate against certain

elements of society. The result is a police candidate who will be unable to handle the AIDS problem without significant amounts of training. Combine the influence of peers, both within and external to the police department, and one can easily see how police trainers face a difficult task in displacing these prejudices. The AIDS problem becomes just one more sensitive issue that brings out the irrational prejudices of some officers and gives them an enemy to focus their energies on. This focus takes the shape of unprofessional conduct and can quickly spread throughout a department if not adequately addressed.

Unclear departmental policies do little to preclude this type of behavior. In fact, the absence of clear-cut guidelines may lead the officer to believe that the department condones the behavior being exhibited. This misinterpretation, whether intentional or accidental, must be addressed before the department's reputation and the public's safety are seriously affected. Caitlin C. Ryan and Mona J. Rowe, writing for Social Casework, report that peer support among social workers is essential to colleagues grappling with the AIDS issue.[7] Social workers face some of the same fears as police officers who come into contact with HIV carriers. The issue is, of course, that some social workers may feel unable to serve HIV-infected individuals. Ryan and Rowe stress that education is essential in helping these workers overcome their fears.

Training is certainly the key, but the peer support mentioned by the authors, while meant to be positive, often takes the form of inhibiting a proper response to suspected HIV carriers.

A strong training program is the initial step that must be taken if any standardization of police responses is to be realized. Emphasis on a code of conduct and the obligation to perform a certain level of service should be part of this training. While many subject areas are intentionally vague to allow for officer interpretation of unique situations, this area of the training should be very clear. Only in this way will police leaders know that the initial training is adequate and that some standardization has been accomplished. Whether or not officers comply with the training and written policy is another matter. Officers may be inclined to interpret situations in a way that best suits their individual interests. The only way to counter this attitude is through evaluation and appropriate disciplinary actions.

One may conclude from this discussion that police officers are ill-trained, unmanageable, and base their reactions to any situation on self-serving motives. Nothing could be further from the truth, but the issue remains that some police are responding to the AIDS threat in an unprofessional manner. This behavior certainly violates what in many cases is an unwritten code of

conduct. In other cases it is published through lesson plans, policy directives, and/or public law. Many police departments have faced the AIDS problem and developed effective plans to counter the threat. AIDS, like any other problem, can be confronted if police agencies know which tools to use. Strategic management is one of those tools.

Strategic Management Model

The strategic management model is a tool used by those managers who believe that timely and well-planned decisions are essential to the health of an organization. All variables of the problem must be considered to ensure a reasonable chance that the solutions chosen will endure. This endurance is predicated, in large part, on acceptance of the solutions by the work force. Police officers are often reluctant to accept change; therefore, every effort must be made to include them in the decision making formula. These considerations are part of the strategic model, but much more is involved in the process. The next section will apply the elements of a strategic model to the AIDS problem from a police department's perspective.[8] The three research questions will be referenced throughout the discussion to allow further clarification of these issues. Strategic management begins by establishing a mission statement.

Mission Statement

The mission statement must first be established because it sets the tone for the entire problem solving exercise. The police department must decide how the AIDS issue fits in their organizational philosophy. For example, if the mayor, city manager, and/or chief of police are sympathetic to the plight of HIV carriers, then the department will most likely adopt an open-minded course of action. However, if one or more of these key figures have strong feelings against HIV carriers, then the police officers may be allowed to engage in unprofessional behavior when confronting AIDS victims. While this study of personalities is partly covered in the next section on organizational profile, it is essential to note the important role played by individuals in the mission statement.

Departments must show honesty when establishing the mission statement. All other actions follow this statement; therefore, the statement must reflect a realistic assessment of the organization's position. It is not realistic to portray a department as being a strong supporter of human relations when the leaders have allowed a polarization of police and members of AIDS high-risk groups. If the AIDS problem is to be squarely faced, then police leaders must recognize that they are simply facing another human relations issue. A mission statement that is primarily concerned with law enforcement, rather than

general service to the community, will most likely find itself polarized against HIV carriers. Unable to articulate a proper attitude toward the disease, police leadership will soon realize that internal functions such as training are sending confusing signals to the rank and file officers.

The only answer to this self-destructive cycle is to create a mission statement that stresses service to the public. Only in this way will the problem be addressed. The statement must indicate a positive desire to approach the problem with an open mind and the understanding that HIV carriers are human beings who deserve the same level of police services given to everyone else. Only from this position will the questions on fear, leadership actions, and police response be placed in proper perspective. The solutions that follow will reflect a true concern for cooperation, rather than confrontation.

Organizational Profile

Linked to this cooperative effort is the need to evaluate certain internal factors of an organization. Both human and physical resources must be studied before any effective solution can be reached. Police leadership should determine who will be affected within the department and get these officers involved in the problem solving process. The problems identified by the three research questions involve all elements of the police department

that might come in contact with the virus. These elements would include street officers, lock-up attendants, and evidence custodians, among others. Once identified, these individuals could be formed into a problem solving group. It is, however, not sufficient to simply know who these people are. Police leaders must determine how these people feel on the sensitive AIDS issue.

One way to do this is through a questionnaire. This questionnaire should include questions to determine AIDS knowledge levels, the degree of anxiety about AIDS, the opinion about leadership's efforts to address the AIDS issue, and the reactions of officers when confronting HIV carriers. This information is necessary in order to understand the range of variables that must be reconciled during the problem solving process. In fact, this questionnaire would most likely identify many of the root causes of the problems surfaced by the three research questions. For example, responses may show that many officers believe the virus is spread through casual contact. This could explain why officers have an unreasonable fear of the disease and are reacting in an unprofessional manner when confronting HIV carriers.

Police leadership can fight this fear by mobilizing the very people who are most vulnerable to the disease, the rank and file workers. Only by doing this can they hope to reach long lasting solutions. The leaders must also

consider physical resource restrictions when solutions are discussed. It is one thing to agree to an additional 40 hours of AIDS training, but quite another to obtain the necessary covering funds. Additional training requirements often fall within overtime pay parameters. While everyone may be eager to provide this much needed initiative, a compromise may be necessitated by the realities of austere funding. The point being made here is to allow brainstorming, but be realistic while everyone remains at the bargaining table. It is much better to have all facts at hand before decisions are made, rather than to risk alienation when solutions prove unworkable later.

Another factor that must be considered is the comparison of present performance with that of the past. This analysis will allow one to isolate the variables that may be responsible for the change in behavior. For example, the problem solving group may find that the management style of key personnel within the department has created an environment conducive to "gay bashing." This situation would obviously negate any attempts to structure a rational approach to the AIDS problem. It would certainly explain why officers were unprepared, and responded in an unprofessional manner to the disease. Unfortunately, autocratic management styles often block any attempt to modify attitudes and behavior among front-line workers. Mid-level managers and front-line supervisors are

particularly adept at keeping initiatives from reaching these workers. This stifling of initiatives often occurs because managers believe their power base is being reduced or their territory invaded. Regardless, the problem solving group must expose the truth, and overcome extensive resistance in the process.

The problem solving group must also evaluate employee motivation. One way to do this is through the use of a questionnaire. Responses may remain anonymous, thereby allowing the respondents to be more forthright in their answers. The problem solving group would most likely find that the police want to know more about AIDS. The group may also discover, through interviews with individual officers, that officer morale is being adversely affected by certain key leaders. This adverse affect may be maintaining an environment that limits free expression and, consequently, has produced an unmotivated work force. While these departmental internal factors may have helped create the problems with the AIDS response, external variables normally exacerbate the issue. The dilemma for the problem solving group lies in identifying those external factors which are negatively affecting the police organization.

External Environment

Political considerations must be taken under review by the problem solving group. For example, it might be

politically unpopular for the mayor of San Francisco to take a harsh stand against homosexuals, members of the AIDS highest-risk group, because the city has a large number of homosexual residents who could exert tremendous political influence on election day. Consequently, the mayor would attempt to influence the city manager and chief of police on the AIDS issue. He would most likely insist that the police use low key tactics at any gay rights demonstrations. An example of this low key response occurred during the World Conference on AIDS, held in San Francisco during June, 1990. San Francisco police officers, dressed in riot gear to handle gay rights demonstrators, were clothed in black from their helmets down to their boots. This uniform included black gloves which were in stark contrast to the day-glo yellow ones that created such a furor in the confrontation between the D.C. Police Department and gay activists, discussed earlier in this paper.

Social considerations must also be reviewed. Public attitudes change over time and the police force must be flexible to accommodate these changes. A police force that does not change with the times can find itself at odds with the very people they are sworn to serve. Any department that allows this to happen could find itself in constant conflict with the citizenry. Unfortunately, the police are often forced into trying to please several different groups

of people within the same city. These groups, all with differing needs, may be sending confusing signals to the police on the AIDS issue. Consequently, the police may use these mixed signals to adopt nonstandardized responses to AIDS-related incidents.

Economic factors may also affect the police department's response to the AIDS issue. The city, state, or county budget may not allow funds for the police department to be used in training and equipping of officers to meet the AIDS threat. While the police department could temporarily shift discretionary internal funds, long-term commitments would require a permanent allocation from central budget funds. Budgeting for an adequate program is no small matter and can effectively stifle any police initiative to address the AIDS problem. Funds are normally controlled by key stakeholders such as the mayor or city managers who are under pressure from other key players to fund various programs and projects. The working group's task is to identify the funds needed and to allow police leaders to negotiate with the parent funds controllers.

Many other key stakeholders exist and must be included in the working group meetings. One of these stakeholders is the police union. The union representative has considerable influence with the police force and must, therefore, be allowed to influence the problem solving process. This stakeholder is considered an external

influence because of the manner in which he is allowed to represent himself as an entity outside the control of police leaders. In fact, the union representative is elected by the police officers and police leadership has no voice in either his selection or removal. Consequently, he is seen as an advocate of rank and file members and should spend his time enforcing labor union agreements.

The AIDS problem solving group must include this union representative in all meetings to ensure his support of the solutions reached,. Historically, his influence has extended to actually affecting the street officer's response to any given situation. The "blue flu" is a well known response to a management decision that disagrees with the rank and file position, a position often encouraged by the union representative. Once these internal and external factors have been considered, the next step in the strategic management process is the formulation of objectives.

Objectives

Police leadership must establish a grand strategy for the police department. From this strategy will be drawn the long-range objectives which, in turn, will give rise to the short-range objectives. All program development and problem solving must be kept within the grand strategy guidelines in order to ensure actions are consistent with the overall plan. For example, police leaders might decide

that the police department must provide standardized services to HIV carriers, while at the same time safeguarding the lives of its officers. From this strategy could flow a long-range objective that required a training and evaluation program be established to meet the requirements identified within the strategic plan. A short-range objective, in consonance with the long-range objective, might be to establish a specific training curriculum for both the police officer basic academy and inservice training programs.

It is important that key stakeholders are involved in the development of at least the long- and short-range objectives. People who are involved in establishing objectives would be more likely to contribute towards their achievement. The AIDS problem solving group, therefore, could be most effective by identifying their department's objectives. Police leaders can help by considering all alternative strategies. In this way they will be able to eliminate unworkable ones and provide a solid base from which the working group can start. An ill-defined strategy could result in vague objectives that cause more problems than they solve.

Risks must be evaluated and time considerations be reviewed as police leaders work to select the appropriate strategy. Police leaders should enlist the advise of key stakeholders such as the city manager when developing the

strategy. This coordination could range from joint planning meetings to a one-time review of the draft strategy. The option selected would depend primarily on the working relationship between police leaders and the city manager or mayor. Long-range objectives flow from this strategy as the AIDS problem solving group focuses on the audience being targeted, and the resources available to support the objectives. The next step is to operationalize the long-range objectives through establishment of short-range objectives.

These short-range objectives must not be allowed to deviate by any significant degree from their parent long-range objective. To allow this break to occur could eventually result in a complete disassociation with strategic aims. Additionally, short-range objectives must be measurable to allow proper monitoring of progress. The AIDS problem solving group should include quality control members to ensure that objectives developed are conducive to measurement. Additionally, the inclusion of all stakeholders is imperative if the objectives are to have any chance of success.

Policy directives which incorporate the long- and short-range objectives should then be developed by the problem solving group to guide the daily operations of the various police departments. These policies must be clear and concise since they will be the most visible contact

each police officer has with the strategic plan. One example would be a policy that required an officer to provide CPR to a suspected HIV carrier. If officers reject this mandate, the entire strategic plan could be jeopardized. However, sound planning can keep this rejection from occurring by obtaining a commitment to objectives during the early development stages.

Acceptance of Strategy

Police leadership plays an important role in persuading the rank and file members to accept the strategic plan. The key to success is for everyone to believe that they will profit by the strategy's enforcement. This "profit" could be something as simple as the existence of a standardized approach to a sensitive issue. Officer morale can decline quickly if guidance is absent or slow in coming on issues that invite public criticism. These officers may also be more willing to support a new strategy if it serves to improve their reputation. Professional reputations are difficult to acquire, yet account in large measure for the existence of motivated police forces.

The strategy for handling AIDS demands full cooperation from all key stakeholders. Stakeholders from inside and external to the police department must function as a team on issues that surface with the disease. For example, the city mayor could seriously damage the AIDS

strategy by refusing to provide promised funds for police officer training and equipment. Police supervisors could also cripple strategic efforts by not enforcing AIDS policy directives with rank and file workers. Compliance with strategic plans must be enforced if the plans are to have any chance of succeeding.

Control and Evaluation

Any organization that aspires to high achievement must have a dynamic quality assurance division. The best plans will not succeed if the leader has failed to institute a formal feedback process. This process should include oral, written and field examinations conducted by personnel who report directly to the chief of police. While this arrangement may be expensive and time consuming, it is essential to ensure that departmental directives are being followed. Unfortunately, quality assurance divisions in most police departments consist of internal affairs sections that simply investigate instances of alleged misconduct among the officers. Most of the evaluation, as described by this research, is delegated to first-line supervisor, if it exists at all.

By not having an active quality assurance division, a police chief must get feedback on his officers from the public, a poor substitute for professional control mechanisms. This becomes even more true as the police force increases in size. Officers who refuse to give CPR

to a suspected HIV carrier may never be held accountable if no standard exists and no evaluation of performance is conducted. Standards that reflect the intent of the grand strategy must be enforced if the police force is to have any chance of achieving a standardized approach to the AIDS problem.

Notes

[1]"New York State Courts Get Controversial AIDS Guidelines," Justice Newsletter 19, no. 3 (1988): 1-2.

[2]Kathleen C. Brown and Joan G, Turner, AIDS: Policies and Programs for the Workplace (New York: Van Nostrand and Reinhold, 1989), 106.

[3]James T. McBride, "Fighting the Unseen Enemy," Security Management 32, no. 5 (1988): 87-91.

[4]"Models for Management," Police Chief 54, no. 12 (1987): 39-43.

[5]"Models," 39.

[6]U.S. Department of Justice, National Institute of Justice, AIDS and the Law Enforcement Officers: COncerns and Policy Responses, Issues and Practices [by Theodore M. Hammett] (Washington: GPO, June 1987), 11.

[7]Caitlin C Ryan and Mona J. Rowe, "AIDS: Legal and Ethical Issues," Social Casework 69, no. 6 (1988): 324-33.

[8]See, e.g., Lloyd L. Byars, Strategic Management: Planning and Implementing--Concepts and Cases, 2nd ed. (New York: Harper & Row, 1987), 2. Kenneth J. Hatten and Mary L. Hatten, Strategic Management: Analysis and Action (Englewood Cliffs: Prentice-Hall, 1987), 9.

CHAPTER 4

Summary, Conclusions, Recommendations for Further Study

Summary

AIDS has become a critical problem for police officers across the nation. The disease has created an aura of fear that has complicated police work and magnified the shortcomings of police managers. The purpose of this thesis is to determine the effect that police leadership has had on preparing police officers to deal with suspected AIDS carriers. The need for this study is to review those variables that are affecting police reaction to the AIDS threat. By doing this, one will be in a better position to evaluate police leadership's response to these variables. Consequently, this evaluation constitutes the "need" of this study, for leadership initiative and police officer reaction to it form the crux of the problem and must be studied if one is to develop effective solutions.

The hypothesis was stated as "inadequate preparation of police officers has resulted in unprofessional police responses to AIDS-related incidents." Important terms such as "exposure" and "seropositivity" were defined in addition to others that played important roles in the study. A detailed review of the literature revealed both agreement and disagreement on the AIDS and police topic. Theodore M. Hammett and the California branch of the American Red Cross

seemed most active in developing a bridge between theory and practice on the AIDS issue. However, many other scholars and practitioners were involved in AIDS-related issues and provided descriptive information to review.

The methodology included a thorough discussion of those elements that affect the police and AIDS problem. This discussion made it obvious that solutions to the problem are not simple and will require a united effort by all stakeholders. Strategic management was also introduced as a tool for police departments to use in attacking the AIDS issue. Various elements of a strategic management model were discussed and examples given to illustrate its application in a police setting. The conclusions reached through utilization of this methodology illustrate that avenues exist for solving the problems created by the confrontation between the police and AIDS.

Conclusions

The AIDS epidemic has provided a new challenge to police agencies across the United States. Initially thought to be a "gay" disease, it quickly showed that its victims included members from all elements of society. These victims are often encountered by police officers in the normal course of their duties. For example, giving first-aid to an accident victim or searching an IV drug abuser may pose a risk of infection to the police officer. Questions arise about the mandate to provide police

services to AIDS victims, versus the safety of the officer. Conflicting interests quickly surface as various elements of the criminal justice system struggle to address the complicated AIDS problem.

This struggle has been made more difficult by the mass media's constant attempts to sensationalize the events surrounding the disease. Many responses by the police to the disease are quickly given national coverage by the media. This coverage has flamed smoldering emotions and frequently panicked various elements of the criminal justice system. Fed by this media blitz, the relationship between AIDS and the police appeared to evolve from six major areas. These six areas are: (1) police exposure and response to AIDS; (2) judicial response to AIDS; (3) impact of AIDS on corrections; (4) influence of special interest groups; (5) legislative action on AIDS; and (6) police leadership response to AIDS.

These six elements have affected the way in which police handle the AIDS threat. Each area has been, in its own way, an independent source of information in the struggle to understand the disease. While some of the areas have fared better than others, the interaction of the six has produced a fragmented picture. This picture underscores the fact that much of the response to AIDS has been piecemeal, and far short of effectively addressing this very serious problem. One tool that could be used to

address the AIDS problem is strategic management.

Strategic management could provide a focused approach to the AIDS issue that would unite all key stakeholders. These stakeholders, both within and external to the police department, would play a large role in designing objectives and researching the problem areas. This united approach would do much to halt the fragmentation that has plagued police agencies since AIDS was discovered in America.

The conclusions of this thesis are: (1) police officers regard AIDS as a threat in their workplace; (2) police leadership, in many cases, has failed to adequately prepare police officers to deal with the AIDS threat; and (3) police response to AIDS-related incidents often falls short of providing adequate care to suspected AIDS carriers. Unfortunately, there has been no systematic effort to formulate a standardized approach for police agencies. The nature of America's decentralized police jurisdictions has encouraged anonymity that rejects efforts to standardize. AIDS is one issue that capitalized on this disunity and, in fact, highlighted the inability of police agencies to mount a strategic response to this new phenomenon. Consequently, police leaders must redouble their efforts to work together on this issue. One way to do this is through experimental research.

Recommendations for Future Research

Experimental research is conspicuously missing from the literature on the AIDS and police problem. Nowhere can one find an experiment that effectively used scientific methods to assess police reactions to the AIDS phenomenon. Consequently, research is needed that will administer an AIDS training program to a police department and then measure the results of that training. The results could then be used to structure effective AIDS training programs for national applications.

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